



PLATE GLASS INSURANCE PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

A. PARTICULARS OF PROPOSER

Name of the Proposer (full): _____
 P.O. Box: _____ Mobile Number: _____
 Postal Code: _____ Alternative Mobile Number: _____
 Email Address: _____ Email Address 2: _____
 Town: _____ County _____
 ID/Passport Number/ Cert of Incorporation: _____ (Attach a copy)
 PIN No: _____ (Attach a copy)
 Profession or occupation: _____
 Period of Insurance. From: _____ To: _____

B. RISK DETAILS

1. Give all the relevant details in which Situation of the Premises in which the plate glass is fixed

Name of the building: _____ Street: _____
 Plot Number: _____ Town: _____

2. Nature of the business carried out in the premises _____

3. Are the premises situated at the corner of the street or exposed to any special risk? **YES NO**
 If yes, give particulars _____

4. Are you-

(i) The Proprietor **YES NO**

(ii) The Tenant **YES NO**

5. Is there any glass in the premises not included in the schedule? **YES NO**

If yes, specify it _____

6. Are you responsible for the repairs- **YES NO**

C. PREVIOUS CLAIMS-

7. Is there at present any broken or damaged glass? **YES NO**

If yes, please describe: _____

8. Have there been any previous breakages- **YES NO**

If yes, please describe: _____

D. INSURANCE DETAILS

9. Have you been insured for similar risks before? **YES NO**

If yes, give name of the company. _____

10. Has any company refused to accept or continue your insurance? **YES NO** If yes, please give details _____

E. INSURANCE DETAILS

Position of each square or pane of glass	Size of each square or pane		Description of Glass	Value Shs.		Premium Shs.	
	Height in cms	Width in cms	State whether Plain, Plate or Plain Sheet Painted, Rough, Silvered, Embossed, Stained, Bent or Ornamental				

Note: In the event of loss all Glass is considered plain unless the contrary is specially stated in the policy. No Littering, Embossing, Silvering, or any ornamental work is considered Insured unless stated in the policy.

Declaration

I hereby declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any material information whatsoever regarding the proposal. I agree that this declaration and the answers given above shall be the basis of the contract between Me and The Monarch Insurance Company Limited. The liability of the Company does not attach until the proposal has been accepted and the premium paid.

I confirm that I have authorized The Monarch Insurance Company Limited to use the information provided solely for internal and compliance purposes.

Name of Proposer _____ Signature _____ Date _____

Name of Agent/Broker _____ Signature _____ Date _____